

SANTA FE INDEPENDENT SCHOOL DISTRICT

Grandparent Residency Questionnaire



Section A

Presently, *where is(are) the student living?*

- with one or more parent out of SFISD boundaries.
- with one or more grandparent in SFISD boundaries.

Section B

Student Information

Full Name

Grade

Birthdate

Social Security #

Parent Information

Parent Information

Parent Information

Parent Name

Phone - Home

Mailing Address

City

Zip Code

Phone-Cell

Workplace – Parent I

Work Phone

Workplace – Parent II

Work Phone

Section C

This is to advise the district that the above-named student/students will be provided after school day care at:

Section D

Complete this section ONLY if resident grandparent(s) is (are) claiming to be after-school day care provider for non-resident students:

- How many days per week is (are) student(s) provided day care in your home? _____
- How long (hours) each day do you provide day care for the student(s) in your home? _____
- Why do you provide the day care for the student(s)? _____
- Please describe how you are the grandparent to the student(s). _____

District Asst. Superintendent for Human Resources Patti Hansard	Receipt of Questionnaire	Date	Telephone 409-925-9001
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District Superintendent Leigh Wall	Approved	Date	Telephone 409-925-9001
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THIS DOES NOT SUBSTITUTE FOR LEGAL GUARDIANSHIP

PART I – Complete if accepting/sharing responsibility for a student or students. (Grandparents requesting the day care provision WILL complete this.)

I/We affirm that I/We will accept/share responsibility of a parent in the parent/school relationship for (Student Names):

- _____
- _____
- _____
- _____

Signature of Person Accepting Responsibility (DISTRICT RESIDENT)

PART II – Complete ONLY if sharing schooling responsibilities for a child or children due to grandparent provision of after-school day care:

We understand Texas Education Code 25.002 (h) and (I) which states: In addition to the penalty provide by section, 37.10, penal code, a person who knowingly falsifies information on a form required for enrollment for a student in a district is liable for the greater of the maximum tuition fee or the amount the district has budgeted for each student as maintenance and operating expense if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. This is to advise that I/We will share care and responsibility for the above listed student(s) and hereby affirm that he/she legally resides with his/her parent(s), but is (are) provided after-school day care five days a week with the grandparents and **THAT I AM NOT CLAIMING THIS PROVISION FOR THE SOLE PURPOSE OF ATTENDING SCHOOL IN THE SANTA FE INDEPENDENT SCHOOL DISTRICT.**

STUDENT'S PARENT OR
GUARDIAN SIGNATURE

STUDENT'S PARENT OR GUARDIAN
ADDRESS

Please be advised that an Attendance Officer will visit your residence to ensure compliance with residency and/or day care provision requirements.

SUBSCRIBED AND SWORN TO BEFORE ME, THIS _____ DAY OF _____ A.D., 20____

(SEAL)

NOTARY PUBLIC IN AND FOR

COUNTY